

ABSTRACT OF HOSPITAL RECORD

MICROFILMED

OCT 26 1977

CHR RECORDS

Name: 40-001

Hospital: University of California Hospital
San Francisco, Ca.

Information abstracted from microfiche received 6/29/77:

Date: Out Patient visit, date presumed 1945

Chief Complaint: Stomach distress, 40 pound weight loss in one
year, epigastric pain

Impression: Gastric ulcer
Possible malignant degeneration
Liver involvement

Advise: Hospitalization
G.I. series
Serum amylase

Date: 5/4/45, in house patient

Impressions: Gastric ulcer
Carcinoma of stomach
Indirect inguinal hernia
Mild URI

Workup: Gastric lavage
Gastric analysis
Fluoroscopy of stomach

Operation: 5/18/45 - Subtotal gastric resection with end to side
pyloro-esophageal anastomosis; splenectomy and
resection of portions of liver and pancreas

Pathology: 5/18/45 - Specimen submitted: Segment of stomach
16 cms long from (total) gastrectomy

Diagnosis: Benign gastric ulcer with chronic inflammation

0002415

Final Diagnosis: (taken from Discharge note) Carcinoma of stomach
with local involvement

Surgeon: Stanley Johnson, M.D.

Note taken from body of record:

(no date) This patient had been given radiation phosphorus for four days preop by the x-ray department for some special studies. The specimens as they were removed were taken by Dr. Miller who was to take a portion of each and then the remainder was to be sent to Hospital Pathology. The Path Dept. received only a portion of the stomach and half of the gastric tumor. Sections of this reveal only a benign ulcer of huge dimensions. In all probability then, the patient had a huge benign ulceration that had perforated into the liver and had become attached posteriorly to the pancreas. Needless to say, this was a (radical) procedure to do for a benign (process) and the (antrum) and distal stomach remain so theoretically he has a setup for the (production) of further ulceration. However, he is well and able to take food with but a little difficulty when last seen. He may require dilatations of his anastomosis later.

Signed by S. Johnson, M.D.

Surgical Out Patient Followup:

6/18/45: Lost 3 pounds, looks weaker, difficulty eating; regurgitates occasionally and has to eat only well masticated food. S. Johnson

7/16/45: Feels and looks fine. Eating without difficulty even solid foods. Gained several pounds. Abdomen negative, chest negative. S. Johnson

12/2/46: Apparent weight fluctuates 120 pounds. Is anorexic and feels he wants to vomit but does not do so. Tenderness deep in epigastrium.

12/16/46: Weight 120 pounds, feels good; eats well 4--6 meals per day. No complaints, no evidence of recurrence. X-rays show that the proximal (foot ? part ?) of the jejunum has dilated and taken on the characteristics of a stomach to some extent.

6/23/47: Looks well; 125--130 pounds. Greasy and bulky foods not tolerated well.

8/30/48: Weight 120. No complaints except inability to gain weight. No digestive trouble

6/27/49: Weight 125. Feels wonderful, can't gain weight.

1/31/55: Weight 125. Essentially asymptomatic. G.I. series negative.